## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 412164**

Title:

Name:

Address:

City-St-Zip:

Entity Name: MICRO TOOL & ENGINEERING INC

FILED Mar 04, 2009 Secretary of State

y	io. Whore re	CE & ENGINEER (IIVO, IIVO.		
Current Principal Place of Business:			New Principal Place of Business:	
	RAL INDUSTR EACH, FL 3340			
Current Mailing Address:			New Mailing Address:	
	RAL INDUSTR EACH, FL 3340			
FEI Number:	59-1482202	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	MARIO WAY CIRCLE CH GARDENS	,FL 33410 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATUR				
Electronic Signature of Registered Agen			nt	Date
Election Cam	paign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VTS ()[ LACASSE, DINAI 4411 BAMBOO E PALM BCH GARI	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	PT ()[ LACASSE, FRAN 4388 DAWNRIDG PALM BCH GARI	SE STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V ()[ LACASSE, PIERI 13355 53 CT N ROYAL PALM BO		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCOISE LACASSE PT 03/04/2009

() Delete

PALM BEACH GARDENS, FL 33410

LACASSE, MARIO L.,

11067 OAK WAY CIRCLE

() Change () Addition